

POST ACADEMY - Vision Exam Report

Correctional Officer

Applicant's Name: _____ POST ID # _____
Last First MI. Last 4 #s of SSN First 4 letters of First Name Day of Birth (01-31)

To the Applicant: It is preferable to have this exam conducted by an optician or a physician with the necessary equipment to conduct the examination listed below.

To the examining Physician/Optician: The above named applicant has chosen a career as a Correctional Officer. A thorough eye/vision examination is required prior to acceptance into the Idaho POST Academy.

PLEASE ANSWER ALL QUESTIONS -- INCOMPLETE FORMS WILL BE RETURNED

Based upon the IDAHO Correctional Officer Job Task Analysis Study, an officer must meet the following:

VISION STANDARDS FOR CORRECTIONAL OFFICERS

Applicant must possess at least the following:

1. Uncorrected vision in each eye must be no worse than 20/200
2. 20/20 is ideal; however, the minimum acceptable ranges are the weaker eye corrected to 20/60 and the stronger eye corrected to 20/30.
3. Contact lenses are exempt from the uncorrected vision of 20/200, BUT must have vision corrected to no worse than the weaker eye to 20/60 and the stronger eye to 20/30.
4. A full eye examination must be administered by an optometrist or ophthalmologist to any applicant whose uncorrected vision in either eye is 20/150 or worse.

Visual Acuity: (if applicant wears glasses, test and record acuity both **with** and **without glasses**)

- a. Without glasses R20/____ L20/____
- b. With glasses/contacts R20/____ L20/____
- c. Corrective Lenses Worn:
☐ NONE ☐ GLASSES ☐ CONTACT LENSES ☐ BOTH

PHYSICIAN/OPTICIAN'S STATEMENT:

Please initial the appropriate area

____ I, (or my designee) have examined the above named applicant to the Idaho Post Academy.
It is my opinion that the applicant MEETS the minimum vision standards for Correctional Officers.

____ It is my opinion that the applicant DOES NOT MEET minimum vision standards for the following reasons:

Signature of Examiner _____ Date of Exam _____

Important!

Type or Stamp Physician/Optician's name, address, telephone number in the space below: